

Datapoint Year-End FY 2002 Technical Notes

Number 12, June 2003

General

1. Statistics for the year-end FY 2002 edition of *Datapoint* are based on short stay acute hospital inpatient discharge data. This issue compares the full year FY 2002 (10/01/01 to 09/30/02) to the full year FY 2001 (10/01/00 to 09/30/01). All data included in this year-end edition have passed DHCFP edits.
2. Seventy-five (75) Massachusetts short stay acute care hospital campuses are included in the analysis. This total includes 18 teaching hospitals and 57 non-teaching hospitals. Three hospitals, which submit inpatient discharge data to the Division have been excluded from the data set since they do not provide short stay acute care. These include Kindred Hospital Boston (formerly Vencor-Boston), Kindred Hospital North Shore (formerly Vencor-North Shore), and Caritas Southwood Hospital. Note that Caritas Southwood closed effective 10/01/01.

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1. Diagnosis Related Groups (DRGs) are assigned based on the 3M All-Patient Grouper, Version 12. The top 10 DRGs are identified by calculating the percent of total inpatient charges statewide that each DRG represents for the full year FY 2002. Statistics for FY 2001 are then presented for the same 10 DRGs, regardless of their ranking in that year.

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1. **Hospital Charges** are not inflation-adjusted and do not represent costs or payments. **Ancillary Charges** include all charges except those for routine and special accommodations.
2. The distribution of **Total Charges per Discharge** is calculated by assigning each statewide patient discharge to one of 50 intervals, based on the total charge for that discharge. Intervals are \$1,000 wide, with the exception of the last one, which groups all discharges which have total charges of \$50,000 or more. The discharges that fall into each interval are then counted, and the percentage of total discharges statewide that each interval represents is calculated. The lines on the graph “**Distribution of Total Charges per Discharge**” connect the points that indicate the calculated percentages for each interval.
3. The following hospitals are considered teaching hospitals by the Division: Baystate Medical Center, Berkshire, Beth Israel Deaconess, Boston Medical Center, Brigham and Women’s, Cambridge, Carney, Children’s Medical Center, Dana Farber, Faulkner, Lahey Clinic, Massachusetts Eye and Ear, Massachusetts General, Mount Auburn, New England Medical Center, St. Elizabeth’s, Saint Vincent, and UMass/Memorial Medical Center.

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1. The **Case Mix Index (CMI)** provides a summary measure of case mix intensity. The CMI is calculated using Massachusetts cost weights for the 3M All-Patient Grouper, Version 12. The base year is FY 1993.
2. The graph “**Percent Change in Discharges and Days**” is calculated using only those hospitals for which we have data for BOTH the current time period and the equivalent time period of the previous year.

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1. **Payer Source** data have been regrouped for purposes of producing *Datapoint* graphs regarding payers. Groupings used are NOT equivalent to the “payer type” reported by hospitals.
2. The graph “**Payer Categories by Percent of Discharges and Charges**” is designed to indicate the total impact of various insurers in the market, while at the same time separating out managed care from non-managed care payers. Thus, the percents of discharges and charges calculated for Harvard Pilgrim, Tufts, Blue Cross Managed Care, Fallon, and Other Managed Care include all discharges attributable to all products they offer, including Medicare and/or Medicaid plans.
3. In contrast, the graph “**Government and Private Payers by Percent of Discharges and Charges**” groups patients by the underlying payer, regardless of plan type. Thus, for example, all Medicare discharges are included in the Medicare category, regardless of whether it was the traditional Medicare program or a Medicare+Choice plan.